Twenty Years of Medical Missionary Work in Africa

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. . . Preface . . .

Since 1923, when we first went to Africa, we have written general letters each year to our "Friends in America". A number of requests have come that we incorporate these letters into a book. Some day we may. For the present, however, we are going to try to satisfy our friends by sending them this booklet which is in great part what I have been saying in Churches, Institutes, Service Clubs, Missionary gatherings, etc., during our furlough. The purpose behind all of our speaking, behind the printing of this booklet, behind our returning to Africa, is to "make disciples of all nations".

I am having 1,500 copies of this booklet printed, and sending one to each of our "Friends in America", which means to about 400 people. If any desire additional copies, they can be secured by writing to our daughter, Miss Martha L. Kemp, Box 1132, Chautauqua, N. Y. And if any one desires to share in the cost of printing and mailing the booklet, which will be about $500, they may do so by sending their contribution also to our daughter.

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On Sunday, November 11, 1945 I spoke in Calvary Methodist Church in Washington, D. C. At the close of the service a young couple asked for an interview. I met them at seven o'clock that evening. She did most of the talking, stating quietly but definitely, "We are both school teachers. We feel that God wants us to be foreign missionaries, but we want to be absolutely certain of this. How did you know for certain that God wanted you to be a foreign missionary?"

Quickly my mind went back to my boyhood days. Ours had been a home where parents were Christian and taught us by precept and example. When I was ten years old I joined the Church. That meant two things to me, first that I would keep my life as pure as I knew how, and second, that I would do anything that God revealed to me was His will. When I graduated from the two-year high school course of our little town I felt that the ministry would eventually be my life work, but I saw no means of financing a college education. And I was not convinced that that was God's will for me. So, on my fathers advice, I entered Carnegie Tech nearby and started studying to be an electric engineer. The following two years were just about the most unpleasant of my life. A dozen times a day things would happen which made me question whether being an electric engineer was what God wanted me to be. When it came to repeating the Lord's Prayer the phrase "Thy will be done" always made me question whether I was doing that. Before the end of my second year at Carnegie Tech I had made my decision to give up school there, work for a couple of years to get money to start at Allegheny College, and prepare myself for the ministry. When this decision was finally made I got a great peace and joy in my heart. I felt that I was harmonizing my life with God's plan for it.

Near the end of my junior year at Allegheny College, while sitting in the hushed quiet between Sunday School and Church in Stone Church in Meadville, I turned to Fred Gealy beside me and asked him what he was planning to do when he got through college. In a quiet, confident manner Fred replied, "I think that every consecrated young Christian should seek that place in the world where his life will count for most for the Kingdom of God. For me that means missionary work, and I hope to go to Japan." Right then something "clicked" inside me, and from then on I felt that God wanted me for foreign work, and to make that work medical. As this conviction deepened I went to my faculty advisor, Dr. Elliott, who was also my Greek professor and spiritual father, and told him of my feelings. "Well, Kemp, your course here has been planned to prepare you for the ministry, and has been very different from what it should have been in preparation for the study of medicine, However, if you feel that God wants you for a medical missionary, that is what you should aim at."

Following my graduation at Allegheny I entered Boston University School of Theology, partly because I did not have the means for starting the study of medicine, and partly to get some vital theological questions

settled. At the end of my second year I had no doubts but that I was to be a medical missionary though I still saw no way of financing that study. I dropped a note to Dean Birney to the effect that my room in the dormitory would be available for another student the following year, and why. A week later I received an answer from him telling that he had taken up the matter with the faculty, and that they had agreed to give me a theological diploma on condition that I take my medical work at Boston University School of Medicine, and that I could continue to reside in the dormitory of the Theological School if I desired. Further, he had taken up the matter with the dean of the Medical School, and he had promised me a scholarship which would cover my full tuition for the four years. Thus again did God make it possible for a person to prepare himself for work planned for him. Four years later I had my medical and theological diplomas, and a promised matrimonial degree. At the end of another year spent as an interne in a Pittsburgh hospital I took the Pennsylvania State Board Medical Examination, and was given my license to practice medicine and surgery in the state of Pennsylvania.

Next came my matrimonial degree and a half year at the Kennedy School of Missions in Hartford, and we were ready to sail under the Board of Foreign Missions of the Methodist Church.

When I told all this to the young couple seeking guidance, she put her hand on his arm, and said, "That is just the way we feel, isn't it Jim?"

When the question came up as to where we were to work, I replied in the words of Fred Gealy that we wanted to go where our work would count for the most for the Kingdom of God. The decision was quickly made, that since I was a Jack-of-all-trades rather than a specialist in surgery or some phase of medical work, I would be most valuable in the more primitive conditions of Africa rather than in China or India. I was given no chance to take a course in tropical medicine which would have been extremely valuable, but with the health of the missionaries in a lamentable shape in Angola, I was asked to get to that field as quickly as possible.

In May of 1923 our boat steamed into the harbor of Luanda on the west coast of Africa, 9 degrees south of the equator. Just 70 years earlier David Livingstone had emerged from Central Africa at this port, the first white man ever to penetrate that area and get out alive. In his report to the London Missionary Society he told of the thousands of villages he had found in Central Africa, the people living in poverty and fear and slavery. Livingstone begged that missionaries be sent forth from Britain and America to "help heal this open sore of the world", with the terrible Arab slave trade especially in mind. Livingstone had been my boyhood hero, and I had read the story of his life many times. I really got a thrill when I realized that I was to spend my life partly in answer to his prayer.

The Angola Annual Conference had been held in Luanda just the week before we arrived, and several up-country missionaries were still at the port city. Among these were a couple awaiting a boat to bring them home on a furlough. And to accompany them was a mother with two sons, all three broken in health. We were very disappointed at this for we had anticipated working with this family at Quiongua, 240 miles inland on the railroad, and three days by mule and ox-cart south of the railroad. The two boys, aged two and four, were thin and yellow. I recall lifting them

onto my knees one day. The elder was light as a feather, the younger unexpectedly heavy. I soon located his extra weight as being in his abdomen which was distended with a tremendously enlarged spleen, this being the result of chronic malaria of long standing. We gradually heard of the health record of the missionaries, and a sad tale it was.

A family with three children had been compelled to leave for South Africa 18 months previous as a result of bubonic plague. Mrs. Shields, wife of the missionary in charge at Luanda, told us that her husband's first wife lived only three weeks after her marriage, her death being due to "African fever." The second wife lived three years, and had two children, and all three had been buried in the cemetery of an abandoned mission station which we would pass on the third day of our trek from the railroad. Also that her first baby was buried at Quiongua. Her advice to us was that if we wanted to have chilren we would have to send them to America just as soon as they could exist away from their mother. My wife and I decided to stick to our plans to have four children, trusting God and my medical training to enable us to raise them, though trying to reconcile ourselves in advance should we have to bury one of them there.

Our Methodist work in Angola was begun in 1884 when Bishop William Taylor took out a party of 40 missionaries and children. Two well-trained American doctors were in the party. One of these died 18 months later. The other survived several yars. Of one family of four children only the youngest, a boy of 12 years, survived. Two of the sisters died the same day but at different places. One member of the party duplicated Mr. Shields' record, burying his wife shortly after their arrival, burying his second wife with two children in the same cemetery as the second Mrs. Shields, and raising a family by his third wife by sending his babies home to California soon after their birth as he could get a returning missionary to bring them. Truly was the West African coast named the "White Man's Grave".

The two doctors of this first party of missionaries knew absolutely nothing about diseases they were treating. In 1885 the germ theory of diseases was just being accepted by the medical profession.

Not until 1894 did Theobald Smith, a veterinarian working near Washington, announce that he had discovered that the germs causing frightful losses among cattle of the South were transmitted from one animal to another by an insect, the tick. Five years later a British army doctor in India discovered that the germs of malaria, which had been known for 20 years, were transmitted from one person to another by anopheles mosquitoes. In 1904 Walter Reed and his colleagues announced that mosquitoes also transmitted the germs of yellow fever.

Extensive investigations by doctors in tropical Africa revealed that area had its full share of insect-borne diseases including the terrible sleeping sickness which has caused the death of fifty millions of people in the past fifty years, the germs being transmitted from water buffaloes to people and domestic animals through the bite of the tsetse fly. Frightful epidemics of bubonic plague occur in tropical Africa, the germs of this disease being carried from dead rats to people by fleas.

Still another disease which is a constant danger in native villages to both natives and whites is relapsing fever. The germs of this disease

are carried from one victim to another by ticks, these insects being found in many native homes. One thing which makes this disease more dangerous lies in the fact that the germs pass from parent ticks to offspring through the eggs even to the third generation of ticks.

Elephantiasis, in which a leg may grow to the size of an elephant's leg, or a great tumor grow out from the body, is caused by filaria, another germ transmitted by a mosquito.

In all likelihood there are other diseases in which insects play the part of conveying the germs from one person to another, or from an animal to a person, typhus being one of these. Ignorant of all these things, it was really a wonder that any missionary in the early days survived any extended period in tropical Africa. No special precautions were taken to avoid these highly fatal carriers of disease.

Missionaries and other whites have at times been slow to employ all means possible to diminish the danger from insects. When we arrived in Quiongua we were given the house from which the mother and two children had been compelled to leave the country because of malaria, and yet there was no mosquito screening on any door or window. I was once with an older missionary in a native village when he drank unboiled water from a nearby spring.

When our boat stopped at Lagos in Liberia in 1929, I found British residents living in beautiful and expensively built homes with absolutely no screening over doors or windows. An American doctor on the afternoon of our visit caught 178 mosquitoes in one corner of the living room of the home of a British doctor who wanted to know the types of the mosquitoes!

The health record of our missionaries during the past 23 years has been markedly better than during the first 38 years. Whereas our first two missionary doctors were there before the causes and modes of infection had been discoverd, we have had this knowledge, and have been able to institute means of minimizing the danger of contracting the diseases. And of equal importance, we now have medicines of a highly specific nature and great potency for treating most of these diseases when contracted.

During the past 23 years two missionaries have died on the field, one of a heart attack 52 years after he first went out, and the other of hydrophobia 20 years after she arrived. Thirteen children have been born on the field, and four others have lived there for several years during these years, and their death rate has been nil.

Naturally with the great danger to missionaries from insect-borne diseases our natives suffer a frightful death rate, especially among the children. One year my nurse checked up on this matter, asking every mother who came to the hospital for treatment how many babies she had brought into the world, and how many she had raised. One mother had raised one out of 12, another two out of 15, and one had lost all 18 children to which she had given birth. The infant mortality rate was probably between 70 and 80 percent.

On the other hand, however, among the families residing on our mission land, there has been an infant death rate of probably only half this. And among our teachers and head workers on the mission, even this rate has been cut in half, only about one out of eight babies in these families having failed to survive.

This is encouraging in the extreme, for it indicates a lot of vitality

On our three-day trek from the railroad to our first station. My wife is being carried in a hammock by two natives, while I rode a mule part way.

Grass-covered road which we encountered on our 275-mile drive inland from the coast.

Crossing a crocodile-infested river on a ferry which consisted of a platform laid over five big dug-out canoes.

Two leopards which had been caught in our steel traps near our spring, and which I had been called upon to shoot.

Python 10 feet in length which I shot in swamp below our hospital. The lump in the middle of the python was a dog which had disappeared three days before.

Cleaning the roads of grass, work done usually by women, sometimes with babies on their backs.

among our native leaders, and given improved living conditions, instruction as to the cause of disease and ways of minimizing the dangers to health, along with the treatment always available at our hospital, our natives need not suffer the frightful infant mortality rate that has been theirs so long.

Many Portuguese visitors from Malange, eight miles distant, have often remarked that they had never seen so many piccininies before as the had seen along the road through our mission land. The explanation is easy to give — our people know something about the cause of their diseases, and take means to avoid them. When sickness comes, they get real treatment at our hospital in place of charms and fetiches from a witch doctor.

One evening I visited at the home of our Portugese professor who lived next door to our home. He had raised two out of seven children. A girl teacher of the school for girls was present, one of five children who had survived out of 15. A young government official was also present, the only one out of five that his mother had succeeded in raising. Thus in these three families of relatively superior Portuguese there had been 19 deaths among 27 children, an infant mortality rate of 69 percent.

Eighteen months before we went to Africa the Edlings had been sent out, Mrs. Edling being a trained nurse. I also found two Swedish nurses newly arrived on the field. Together we worked to get an understanding of the disease hazards of the missionary force, and to correct certain modes of living as we came to know more about our local diseases. However, my primary aim in going to Africa was not to care for the missionary personnel, but to use my medical training as a means of gaining disciples for our Christ among our natives.

We found our natives much as we had expected, living in a most primitive manner with few of the comforts or benefits of civilization, about as backward a people as could be found anywhere. I have often tried to understand and explain their backwardness. Certainly it is not because they are inherently inferior to other races. They have great vitality and stamina or they would not have been able to survive and increase numerically as a race, though there has been a big decline in population during the past half-century in many areas.

They do not seem to lack intelligence and mental possibilities at birth. The boys and girls in our schools, studying strange subjects in a foreign language, make a creditable showing in final examinations when compared with white pupils in government schools. Several boys whom our mission has sent to the highest schools of the colony for normal training have made outstanding records. Many of our pupils show great musical ability and artistic aptitudes. The boys readily become good mechanics, mastering carpentry, cobbling, tailoring, printing, etc., and the girls dress-making.

Our climate, a few degrees south of the equator, may account for a little of the backwardness of our people, this chiefly because it favors the development of insects and parasites which debilitate them. The more we learn about our people, the better acquainted we become with their thought processes and reasoning habits, the more certain we become that the outstanding reason for their backwardness lies in their religion.

Twenty centuries ago Christ taught his disciples certain things which have helped make us what we are today. " Know the truth and the truth

shall make you free". Throughout these centuries we have increased our knowledge about God, about our life, and about all experiences and phenomena of life. The African on the other hand, though seeking truth and knowledge and explanations for the things he experienced daily, never found or had revealed unto him what he wanted to know.

In this search he developed what we term "witch-craft", belief that the spirits of the departed and of living persons have power to affect favorably or adversely the fortunes of people and groups. The witch-doctor, who is both priest and physician, is looked to to deal with and influence these "witches". Our people have always believed that a great Being created the world and all things therein, but upon completing this job, his interest in and connection with the world lessened if not ceased entirely. The idea of loving a heavenly Father never entered into the African conception of his Creator. He believes that the spirit of every human being continues an existence after death, at least as long as there remains on earth any relative or friend who remembers him.

And vitally important to remember is that the African believes that these spirits can help or hinder, cause disease and death or bless with health, people still living. Thus the great care taken to obtain and keep the goodwill of the spirits of the departed. Small huts are erected at the edge of a village to serve as a habitation for such, and food and drink, cooking pots and firewood, left in these huts. Charms or fetiches are secured from the witch-doctor at great cost to help thwart any evil intentions of these spirits.

Our people will sometimes make an offering of food and drink at the grave of a departed friend or relative, and pray his blessing on a contemplated enterprise such as hunting, fishing, dancing, etc. The spirit of one who died as a child must receive special attention, lest it seek vengeance because of the frustration of the hopes and ambitions caused by the early death.

Another, and probably the most vital part of the African religion, lies in the belief that certain individuals possess some spiritual power to harm or wreak vengeance upon an enemy. We had an unforgettable introduction into this belief shortly after our arrival in Africa in 1923. We had hired a young man to be our cook. Shortly he brought his wife to me at the hospital. She was desperately ill. After a careful examination I announced that she had pneumonia in both lungs. The next night she died. Two children had recently died also. Our cook did not accept my diagnosis, but went into a black study to try to explain to his own satisfaction why his family had been taken from him. A few days later we heard he had consulted with a nearby witch-doctor who announced, after having killed a rooster and examined its entrails, that witch-craft had been exercised, and that the witch was an old woman who lived in the mission village. In fact, she had helped raise our cook after his parents had died. She also had a son in the ministry. The accusation looked to me as though the witch-doctor was taking advantage of an opportunity for revenge against the mission, for the mission had lowered his prestige and income. When we heard of the charge of witch-craft we called for an investigation which took place in our home with a number of people present, including three native evangelists. Here we learned that when the charge of witch-craft is lodged against any person, that person must appear before the

witch-doctor and drink a poison concotion prepared by him from certain roots. The whole village, vitally interested in the outcome, attends. If the accused vomits the poison, that is absolute proof of innocence. But if the poison is not vomited, death soon comes, which is conclusive proof that the accused was guilty. And then there is great relief and rejoicing in the village, with great honor to the witch-doctor. Had not this witch, unknown to anyone, been living in the village, a menace to all? And had not the witch-doctor discovered and removed this menace? All honor and big fee for the witch-doctor, the great benefactor of his people.

At the above trial we were able to prevent the poison test. However, the old woman probably would not have hesitated at appearing before the witch-doctor and drinking his poison test. She would have reasoned to herself that she was innocent of having practiced witch-craft, and she would have been confident that the test would have proved her innocence.

One revelation which came out at the trial was that two of the three evangelists present, men who were preaching the Gospel in nearby villages, were not themselves entirely free from belief in witch-craft. When I put the question as to the belief that a person could be in a village a mile away on the other side of a stream, and from there exercise evil power over a person in our village without coming into our village, one of the evangelists studied long before he replied, "Not if the person is white, but if he is black, I don't know." A native accused of witch-craft always denies the accusation, and does not seem reticent at submitting to the poison test, always confident that the test will result in acquital.

Several other cases of witch-craft will help illustrate the great hold this has on our people. A woman went to the altar during special evangelistic services, confessed her sins, and professed herself a Christian believer. Some time later two of her grandchildren died, and her own daughter, seeking the cause of the deaths, accused her of causing the deaths through witch-craft. Typically, the old woman denied the accusation, drank the poison test, and died therefrom. A man who was converted at the mission gained greatly in this world's goods, partly through his natural ability, and partly because he disregarded many of the tabus and inhibitions of his people. He had lodged against him the accusation that he was getting wealthy through witch-craft. He came to a missionary with the matter, and was advised to pull out of his village along with several other professing Christians there, and found a new village with only Christians allowed to build therein.

There being no such thing as individual land-ownership, this was easily possible, and he did so, and continued to prosper. However, he was ostracised by all of his old friends. They avoided him on all occasions. He could not join in the anual hunting and fishing excursions with them, so he finally submitted to the poison test, and paid with his life in it.

A man, who for many years has been my head mason, began to gain wealth as a young man by buying cattle far to the north where they were cheap, bringing them into a nearby town, and butchering them. But he shortly was accused of gaining his wealth through witch-craft, drank the poison test, vomited it, and was acclaimed innocent. Later he was converted, and is now one of the chief pillars of our mission church.

In 1941 there was a bad outbreak of witch-craft about 25 miles distant from the mission. A highly fatal disease broke out among the cattle of the

Swarms of locusts which devastated our entire countryside in 1932-3-4. What looks like leaves on the trees is part of the swarm, not a leaf being left anywhere.

Native women bring home some locusts which cannot fly away in the mornings until the dew dries from their wings. The villagers feast after a visit by locusts. What locusts are not eaten the first day are dried and saved for future feasts.

Our Africans are as incurably musical as they are religious. A great many different types of musical instruments are used, the ones shown here being marimbas. The music from these marimbas can be heard 10 miles away on a still night.

Baobab tree beside the road, two missionaries and my car-boy standing in front of the tree. The trunks are of no value as timber, but the seed-pods contain cream-of-tartar.

Typical group of village boys. Why the big "tummies"? Possibly because they sit around home all day while their mothers and sisters work in the gardens, possibly because of a dietary deficiency, possibly because of hook-worm disease.

area. A woman who had lost heavily took the matter to her witch-doctor, and he diagnosed the disease as the result of witch-craft. At the first poison test about 25 people were acquitted, having vomited the poison; three people failed to vomit the poison and were soon dead. There was great rejoicing at getting rid of these three witches. But the cattle continued to die off, so the woman again consulted her witch-doctor. Another group of about 25 people was tested, and several other witches removed. About a month later an evangelist several miles distant found the bodies of three people beside a path leading to his garden. The bodies of witches are never buried, but dragged some distance from the village and left for hyenas to dispose of. These three bodies were numbers 20, 21 and 22 that the witch-doctor had removed from their villages. Our evangelist came to the mission and related what had been going on, and we had the whole matter put into the hands of the government. Native soldiers were sent out, and the witch-doctor apprehended. This action caused great resentment among the people. Why should the government persecute them by taking away their great benfactor, the only person who could discover and remove from their midst the witches who were killing their cattle?

Such belief in witch-craft will continue until the people come to know that germs and not witches cause disease and death, that the diagnosis is secured through the microscope and not through the poison-test, and that the treatment is not some charm or fetich supplied by the witch-doctor, but what is given at our hospital in the form of pills, injections and operations.

Government opposition can never cure or suppress belief in witch-craft. Only the truth as has been revealed to man through Christian enlightment can bring our African brothers out of their ignorance and degrading practices. And herein lies one of the greatest opportunities and responsibilities of the medical missionary.

A study of the average native diet reveals that it could be greatly improved. More fruit would certainly be a valuable addition. When I suggested to some natives that they plant citrus fruit trees, they gave as an excuse for not doing so that it would take ten or more years before the trees would give any fruit, and they themselves might die before then. I tried to get them to plant the seeds of the mango, mangoes being one of the finest fruits. After hearing me talk about planting trees on several occasions one of the school boys went to my nurse and explained to her that I was wasting my breath, that none of his people would plant a mango seed because they all believed that when a man planted such a seed the growing tree would take its nourishment from the man, and that he would die when the tree gave its first fruit. He went on to tell how, when he was a boy living with his uncle, his uncle told him how desirable it would be to have some mango trees about the place, and how he had thought out a way of getting them without endangering his own life. He asked the boy to dig some holes at designated places, to throw the dirt out onto the upper sides of the holes, and then to place a mango seed on the sloping pile of dirt above each hole, and a few grains of corn above each seed. His idea was that chickens would discover the corn, eat it, and start scratching for more. Thus the mango seeds would get scratched into the holes, trees would result, there would be plenty of fruit for the family, and the chickens would get the blame for it.

Christ taught His disciples to "seek the Kingdom of God and His righteousness". A great deal that is not right or righteous is found in Africa, and much of this can be attributed to their religion. When a baby is born its mother will secure from a witch-doctor some charm or fetich to hang about the neck of the baby or to place in her home, aiming thus to thwart the evil intentions of any spirits which she fears. And as soon as the child is able to be taught, the mother teaches him, not to be sincere and tell the truth at all costs, but that his future will be far more secure if he becomes adept at lying and deceiving. Naturally the child soon becomes so skilled that not even his mother can believe a word he tells her.

Another thing that Christ taught His disciples was to "Love thy God with all thy strength, mind and spirit, and thy neighbor as thyself". We find pathetically little love among our Africans, as we understand love. Of course, a mother will give all possible care to her children, but several things have happened at our hospital which make us question the quality of her mother-love. When a baby died at the hospital the mother wept and and wailed unconsolably, "When my husband hears that the baby died he will blame me for its death, and he will give me a terrible beating. Perhaps he will abandon me and take another wife."

When a girl of 15 years died her mother's wailing centered around the lament, "If my daughter had lived only three years longer, I could have married her off, and the bride-price would have bought me some new clothes that I have been counting on." And when a wife died, the husband's chief concern was, "Where will I get the money to buy me another wife?"

When a school boy suffered one of the most painful experiences known in Africa, having a spitting snake spit its poison into his eyes, his agonizing antics brought peals of laughter from the other boys. There is really very little evidence of love and sympathy in the average African heart. One missionary once lived for some time in a tribe, and failed to find any word expressing gratitude. Finally he concluded that the tribe had no need for such a word, as nobody ever did anything for anybody else without remuneration, and hence no gratitude was felt.

Christ's great commission is the impulsion which takes every missionary into a foreign land. And like Paul, a missionary must be all things to all men, hoping thereby to gain some. Thus missionary work takes many forms besides that of verbal evangelization — education, medical, agriculture, shop-work, etc. The purpose behind all this is the same, to gain disciples who will love God and their fellow man.

Every contact with every native should be looked upon as an opportunity of "manifesting the love of God" in such a manner that he may be won as a disciple. On practically every mission station in Africa the medical work is given a prominent part. Christ taught the futility of saying to a sick man, "Be ye healed" without doing something to heal him. To every mission hospital there comes a constant stream of sufferers seeking relief which they know they can find nowhere else.

At our hospital we begin each morning's work with a short peroid of devotion similiar to such in America. Our patients all gladly attend and listen with interest as we explain that we have come from our homelands sent out by our God who is the one and only God, that He is a God of Love, and that His love is universal, that all peoples on earth are His children, that He wants all to love Him and everybody. Rarely is there any facial

expression indicating a questioning of our teaching. However, one man one day asked how "If your God loves us Africans as much as he does you white people, why is it that you have so much in this world, and we so little? Why do we have to make roads everywhere for you to run your automobiles over, and only you white folks have automobiles to run over the roads? Why do we have to always work for you white folks, and never have white folks work for us?"

Such questions are hard to answer, and really embarrassing at times, especially when we recall how the white race has treated the African during the past 500 years. We explain that 2,000 years ago our God sent His only Son into the world to teach all people about His ways and His love, and we are now sharing that teaching with them that they may also become believers in Him, obey His will, and sharers of the blessings with which He filled our world. Fortunately our missionaries during the past 60 years have been able to prove that there are two classes of white people, and that they belong to that class which is working to help them and to develop them, to enable them to appropriate the material as well as the spiritual blessings of Christianity.

At the close of the devotional period we allow about a dozen patients to enter the consultation-treatment room adjoining the Chapel, and start the consultations. We have more than one aim with every patient. First and foremost, we aim at getting a diagnosis of the patient's disease, and provide the best possible treatment. Second, we aim to explain to the patient the cause of his disease, and ways of preventing its return. As the other patients await treatment they listen to every word of our explanation, and will carry away many ideas totally new to them for future consideration and repeating in their home villages. And our hospital assistants and pupils from the schools get some really convincing proofs that we have the truth about disease and are able to effect many cures where their own witch-doctors are on the wrong path and helpless. Later when these helpers and pupils are in distant villages as teachers or preachers or church members, and disaster comes, the witch-doctors will have a difficult time maintaining their hold over their people.

Our first patient may be a young man complaining of a persistent cough and general weakness. After I examine his chest I announce that he has tuberculosis, and explain that this is a germ disease, that he was infected by somebody who had the same disease, that his chances of recovery will depend more upon his following my instructions than upon taking medicines, and that he must take certain precautions in his home if he is to keep from infecting those about him. Everybody listening thus receives a practical lesson on a very dangerous disease. The next patient may be a child with whooping cough or measles, with two or three susceptible babies among those awaiting treatment. Now will come the explanation of how such diseases are caused by germs which easily pass from a sick person to one who has never had the disease, and that certain meaures should be instituted to prevent this spread. This advice may bear fruit in future generations, but the African customs of hospitality make anything like quarantine an almost hopeless matter at the present time.

The third patient may be a woman complaining of her heart. I have her show her tongue, and find it almost colorless. I take a drop of blood

from the lobe of her ear and put it on a piece of white blotting paper. It has a slightly pinkish tinge, like water with a little red ink in it. There is no body to the blood, its hemoglobin being down to 20 percent or even less. I then use my microscope, always beside my desk, and anounce that the cause of heart symptoms was the thin blood, that the blood was thin because hundreds of hookworms in her small intestines had eaten all of the blood.

Then comes an explanation of hookworm disease, how the ground about her village was all contaminated because of the lack of sanitation, and filth everywhere; how the little worms, only one-sixteenth of an inch long, are in the filth, how they get on the feet of everybody walking there and burrow through the skin to get inside the body, travel up inside the body and finally land in the small intestine where they live forever after, sucking blood 24 hours a day, and injecting back into the blood stream a poison which adds to the symptoms caused by the loss of blood. I explain that I have medicine which will kill the worms now making the patient sick, but that unless the village institutes sanitary measures there will be more worms in the filth and when the next rainy season comes, these worms will get into people and again make them sick.

I occasionally take patients up to the school and show them off to the 250 boys in the morning session. One morning I took up a woman who admitted that her gardens were not producing food for her family as she had been too sick to care for them, a three-year-old lad who was puffed up all over and in lamentable shape, and a 14-year-old boy who admitted that he had lost all of his ability to play football, the favorite sport of our boys. I then explained that these three patients were in their terrible condition because of hookworm disease, that the disease was caused by the filth of the villages, and that it would be up to every school boy present to see that his own village be kept in a sanitary condition if he wanted to avoid the disease himself, and have his own people avoid it.

Our people do not accept the teaching of sanitation and hygiene with any great enthusiasm. One old woman, back for her second treatment for hookworm disease just one year after I had first treated and cured her, replied to my question as to whether or not she had followed my advice about keeping her village clean and sanitary, "No. It would be a tremendous job to do as you told me a year ago. It would be so much easier if you would only give me an 'injection of health' into a vein in my arm, and let us all continue to live in the filth we have always been accustomed to". However, the importance of cleanliness and sanitation and freedom of vermin is beginning to be appreciated by some of our more intelligent people. One of our teachers recently told me, "Doctor, my people should believe what you are always teaching them about the importance of keeping their villages sanitary. It is more important for them even than for you and me. If you get sick your salary goes on and your family does not suffer. When I was sick recently my salary went on, and my family did not suffer. But when my people get sick and cannot work in their gardens, their whole families suffer, sometimes keenly. So I am convinced that my people should do everything possible to safeguard their health".

Several years ago the government took a census of the total population, sending officials to all villages to do this. Shortly after the completion of the task I was visiting in an area 125 miles from the mission. One of the

officials there volunteered to me certain observations he had made during his visiting of about 125 villages of the area. He knew that I frequently got discouraged because so much of my teaching did not bear fruit. He told me that the 100 heathen villages which he had visited were filthy beyond description, that the dozen Catholic villages were a lot cleaner than the heathen villages, but that our dozen Protestant villages were much cleaner even than the Catholic ones. He tried to assure me that not all of my teaching was falling on barren soil.

Our patients requiring medicines are given these at once; rarely do we give more than one day's supply at a time to be carried home. We have had some sad experiences in giving a quantity of medicines to carry home. In case the patient takes a turn for the worse, or fails to improve as expected, a week's supply of medicine may be given in one dose. If the medicine contains strychnine or arsenic or some similarly powerful drug, the results may be fatal. Each patient requiring surgical attention is told the time we will operate, and all patients requiring intravenous injections (injections into a vein in the arm) wait until all consultations are finished, and then we mix up the medicines for the injections all at once. On an average morning we treat about 60 patients, and sometimes nearly half of these receive intravenous injections.

When a patient comes to the hospital for the first time he is given an envelope with a number on it, and his name, estimated age, sex and village. We make out and file a card with the same number, etc., on it, and a short summary of his symptoms and treatments. On subsequent visits when the patient presents his envelope it takes us but an instant to get his card out of the files. We started this sysem in 1929, and now have over 23,000 cards filed. Naturally, many patients lose their envelopes, so that the actual number of different patients whom we have treated would be about 20,000.

Intravenous injections are far more popular than any other type of treatment. In fact, no patient who is really sick considers that he has been properly treated unless he has received at least one or two such injections. When I first realized how popular these injections had become I was a bit apprehensive lest our work had resulted merely in transferring the faith of our natives from charms and fetiches to faith in injections. My nurse quieted my apprehensions, however, when she stated that whereas charms and fetiches did absolutely no good to sick people, our injections actually cured them of diseases which always ended fatally without the injections. Many of our most fatal diseases in Central Africa are caused by germs which live in the blood stream or in organs with a good blood supply. Naturally, the logical method of giving medicine is to inject it directly into the blood stream, especially since we now have remedies which we know will kill the germs. It must have been extremely discouraging for the two doctors who were in the first party of missionaries to try to treat so many sick people when they had no really curative medicines. I often think with gratitude to God and the men who have discovered the remedies which I give intravenously that I now have these remedies. Many times when I have found the germs of the highly fatal relapsing fever in the blood of a child near death, I have relaxed and sighed in contentment, so confident was I that I could save the child's life through an injection.

For the past half-century, sleeping sickness (trypanosomiasis) has been the most highly fatal disease of Central Africa. It is estimated that 50 mil-

Listening with a stethoscope to a young lady's chest — and she was very averse to such familiarity on the part of a white person.

One of our native nurses measuring out medicine for a patient.

Giving an intravenous injection to a girl. This type of treatment is our most popular, no really sick person feeling that he is properly treated unless he receives one or two such injections. Until we began to give these injections, several diseases had never been cured — sleeping sickness, relapsing or tick fever, schistosomiasis, etc. Anthrax, snake bite, and tropical ulcers require intravenous injections.

My nurse, Miss Nelson, using a microscope which we use many times each day. Only with this instrument can we diagnose many of our germ diseases, intestinal parasites, etc.

In fighting witch-craft, our most effective method is to convince our people that germs revealed by the microscope and not evil spirits cause disease. Therefore the need of a microscope can readily be seen.

lions of people have died of this one disease in the past 50 years. In one relatively small area of the Cameroons the population dropped from thirteen to three millions, due almost wholly to this disease. Vast areas, formerly densely populated, have reverted to the water buffalo and jungle. In a valley 30 miles from our mission, where we once had a flourishing Christian community, 437 persons died in two years of sleeping sickness. Then the government compelled all survivors to abandon the valley and move several miles to an area where there was less danger of the disease. In 1941 when I was again made District Superintendent, I found the disease taking a frightful toll of lives in some of the villages of the area.

On my annual visits to the churches I always called the roll of members. On my second visit to one church I found that exactly 25% of the members had died during the year of sleeping sickness. I examined about 75 children sitting on the ground in front of the adults of the church. Every one of the children showed enlarged glands on the back of the neck, indicating that the child had been infected.

Two days later I visited a government doctor 25 miles distant who was responsible for the area, and started to tell him about the conditions I had discovered in the village. After I had talked for a few minutes the doctor stopped me with the words, "You haven't told me anything that I did not already know. Everybody in the village is infected. I am treating victims from there all the time in my hospital here. I have a dozen of them here now. I would like to move the people to a new site, but where could I move them to? The ground in that area is extremely fertile, and produces tremendous crops when it is cultivated. I have no other similar site. I fear that everyone there is doomed. I treat them here and cure many of them, but they get re-infected as soon as they return to that area. Perhaps you can offer me some solution." I could not.

The germs causing this dread disease live primarily in the blood stream of the water buffalo, and apparently this animal suffers no ill effects from its infection. When a tsetse fly bites an infected buffalo it gets the germs into its own system, and later on when it bites a person or a domestic animal, it spreads the infection, and the frightful loss of life ensues. The disease is relatively slow-acting, several years often passing before death comes to a person. Until about 25 years ago there was no treatment of any value, but about then a group of about a dozen doctors, each a specialist in his own line, was sent out by the Rockefeller Institute to make a thorough research into the disease. This group worked about two years, learned a great many things about the germs causing it, and finally announced a remedy, tryparsamide. Six to ten intravenous injections of this remedy, given one week apart, will save almost all early cases of this disease, and many more advanced cases. The discouraging aspects lie in the fact that re-infection so frequently occurs, that so few people of the infected areas even today know that tsetse flies transmit the germs, and that it is such an almost hopeless proposition to try to eliminate the tsetse flies. DDT may help. However, it would be a tremendous undertaking to cover thousands of square miles of densely overgrown land with this insecticide. Also, DDT would kill many kinds of insects required to pollinate blossoms of plants and trees necessary to sustain human life.

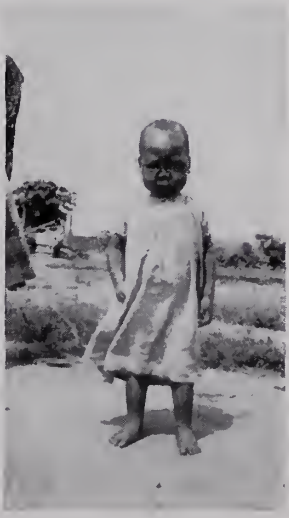
Another highly fatal disease in which the germs live in the blood stream

From the girl at the left I removed both eyes. Later she wrote me, "I thank God that He had you come to Africa so that you could operate on me, and make it unnecessary for me to continue to suffer as I did during the year before the operation."

Right — One of my first surgical patients. During an epileptic fit he fell into a fire, and burnt the skin off his face and lips. He allowed the healing to take place with his mouth shut, and was starving when he reached me. The news of the operation spread far, and helped me get a desirable reputation as a surgeon.

Patients with tropical ulcers, some of many years duration. The most important part of the treatment is one or more intravenous injections which kill the germs eating away the flesh after which the body repairs the damage.

Left — Pulling teeth is a common job. My record is 100 teeth in one morning, along with much other work, but I was in a distant village and did not use novocaine. Patients have come 400 miles to have a tooth removed, painlessly.



Right — A little victim of hookworm disease. He is puffed up all over, and his hemoglobin was less than 20%. I cured him, and tried to impress his mother with the absolute necessity of instituting sanitation in her village if her son was to escape reinfection.

is relapsing fever. The house tick, similar to ticks sometimes found on dogs and cattle in America, is the insect which transmits the germs of this disease. The ticks live in the cracks and crevices of many native houses, and come forth at night to suck blood, painlessly, from anyone sleeping within reach, leaving the germs behind them. A great many natives, especially children, die of this disease, and it probably accounted for many missionary lives in the early days. And it still is a constant danger to anyone sleeping in a native hut. I failed to get this disease diagnosed during my first term in Africa, largely because my microscopic stains always went bad on me. Once in desperation I paid $10 for a half-pint of methyl alcohol from London for mixing up my stains, only to fail again to get satisfactory results.

When I came home in 1928 I did what every missionary is expected to do, study to make himself a better missionary in his professional line. I went to New Orleans where I took a course at Tulane University, learning how to mix my stains, and how to use them. Shortly after I returned to Africa in 1929 a mother brought to our hospital a desperately sick child with a very high fever, and eyes and cheeks sunken in. The microscope quickly revealed numerous malaria germs inside the red blood corpuscles, and in addition, the hair-like germs of relapsing fever in between the red blood corpuscles. I gave the child quinine for its malaria, and an injection of neo-arsphenamine for its relapsing fever. The next day the child was out of danger, though very weak. Since then I have lost but two victims of this disease, whereas during my first term I had seen dozens of babies die with high fever at the hospital. I had given truly heroic doses of quinine to these babies, and after their death I had lamented that they had died of "pernicious malaria."

The treatment of snake-bite has helped intravenous medication get its fame. Though poisonous snakes are not rare, these snakes do not often strike people. Most of the victims brought to me arrive in the late evening, and almost all with the same story, that the victim had stepped on the snake on a dark path. Apparently the snakes come out of the grass in the evening onto the paths to await a rat or other delicacy, and when a person steps on it, it strikes. I aim always to keep on hand several ampoules of a serum prepared in Madrid especially for our West African snakes, and I have never lost a victim of snake-bite. I saw a woman die from snake-bite in another hospital where the doctor had not been able to get the serum. Unfortunately there is no serum for the treatment of eyes into which our spitting cobra occasionally spits its poison, though a weak lye solution which can quickly be made in every village from ashes, gives marked relief from the agonizing pain.

A great many patients with tropical ulcers come to us. These frightful sores are usually below the knees, and most of them about the ankle. Few of our people can afford shoes,—ten cents a day is average pay for a day-laborer. Any scratch or cut may open the way for an infection which may cause an ulcer of the foulest kind which will persist for years. Such an ulcer may end fatally, or eat the skin away around the leg and cause the foot to drop off. At one time we were treating 80 out of 175 boys of our morning school. One thing was extremely evident, however, with these ulcers. Not a single one developed into a large and debilitating ulcer such as we were treating at the hospital and which were coming from distant villages. It meant either that our boys were in better physical condition to throw off the

infection, or that our treatment was infinitely superior to that available in distant villages.

During my first five years in Africa I personally treated almost all of the patients with ulcers. I tried a great variety of treatments, ointments, disinfecting solutions, etc. I often chloroformed patients and then curetted out the dead tissue of the ulcers. Once I read of a doctor who claimed to be getting spectacular results with his ulcer cases by giving intravenous injections of neo-arsphenamine. I tried this, and also began to get many spectacular cures. The treatment is really very logical. Ointments and solutions fail to get underneath the dead tissue of an ulcer to where the germs are eating away the flesh, but a mdicine given into a vein of the arm is all over the body in 20 seconds, kills the germs where they are at work, and the body then starts the process of replacing the eaten-away tissues.

What to me is probably our most interesting parasitic disease is schistosomiasis, or Bilharziosa, this name coming from Bilharz, who was a French army doctor who worked out the life history of the parasite in Egypt where it was causing great trouble in the French army. Usually the only symptom of the disease is blood in the urine, the urine at times seeming to be almost pure blood. Shortly after we arrived in Africa the boys and girls in the school as well as village people began to complain to me about this disease. My nurse, who had been in Africa for three years, told me that a great many natives had it, and that it most likely was from inflammation of the kidneys caused by eating so many hot red peppers, and that drinking very little water aggravated the condition. She was giving each patient a few grains of permanganate crystals each day, these to be dissolved in at least two quarts of water and drunk. I heard later that one missionary had consulted with two local doctors in the colony, and with one of the Mayo brothers in Minnesota, all telling him the same story.

I doubted the explanation of kidney inflammation, for I could not understand how anybody could have such an inflammation of the kidneys as to lose so much blood every day for many years, and still remain alive. Upon studying up in my three textbooks of tropical medicine seeking an explanation as to what might cause this condition, I found a number of possibilities,—cancer, polyps, etc., and Bilharziosa. My microscope very quickly and definitely gave me the diagnosis, for in the blood-saturated urine I found numerous eggs of the parasite. Each egg is about ten times the diameter of a red blood corpuscle, and has a sharp point at one end. Then I studied up about the disease, and learned that it was caused by a parasite about a half-inch in length which lived inside the veins of the abdomen. When the female was ready to lay her eggs she worked her way through the veins which led to the bladder, and then shoved the eggs through the walls of the blood vessel to the inside of the bladder. Each egg left a hole through which the blood oozed from inside the blood vessel to inside the bladder.

The life history of the parasite was rather a complicated one. When a person with the disease urinated into the water of a stream, a common practice in Africa, the eggs immediately hatched out, and the new parasite began to swim about at a very rapid rate. I have many times watched the parasite hatch out under the microscope, but I never got a chance to make a good examination of one afterwards, so rapid was its motion as it darted across the field of vision of the microscope. This newly-hatched parasite, however, cannot get back into a human being without first finding a water snail in the

ver of which it lives for about 10 days. It is after it emerges from the snail that the parasite seeks a human host again, burrows through the skin of any unfortunate victim bathing or swimming in the stream, and eventually works its way into the veins of the abdomen. The diagnosis of this disease caused great rejoicing among the missionaries, for it explained what had been puzzling them for many years.

However, to get a disease diagnosed is of uncertain value unless a remedy is available to cure it. The first textbook that I studied, published about 1915, gave two whole pages of remedies and treatments, but the last sentence read, "Unfortunately there is no real cure for this disease." A second textbook published three years later, gave practically the same hopeless prognosis. But another textbook published several years later still, reported that a doctor in South Africa had claimed that he had cured 16 victims of schistosomiasis by giving each one a series of six intravenous injections of tartar emetic over a period of two weeks. I had none of this drug on hand, but several months later received a pound of it from London, and for the first time in history this terrible disease was curable in our area. As the news about the injections spread over the country, patients began coming in from a distance for the treatment. Several years ago we went through a terrible epidemic of this disease among the 100 boys of our dormitory, and the equal number of girls in their dormitory a mile lower along the same stream. I had to treat almost every boy in the dormitory, some of them twice, and a few three times.

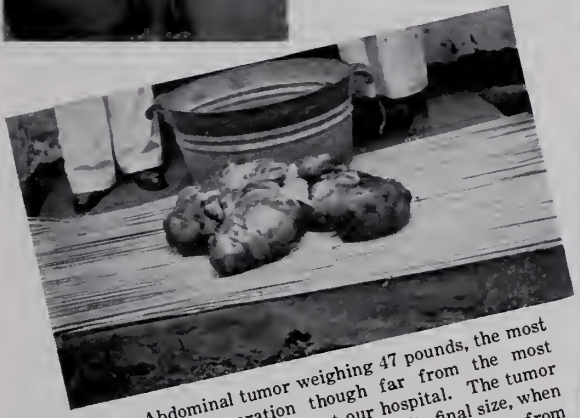
I finally located the source of the epidemic to be in the family of a one-armed man whom I had employed to keep the monkeys out of our banana patch at the foot of the mountain, and at the spring which gave rise to our mission stream. This man had several children, and three of them were heavily infested with the parasites of this disease. Every morning when they went to get water for their cooking they contaminated the spring, the eggs of the parasites immediately hatched out, the parasites found numerous water snails on the roots of the cat-tails and papyrus plants below the spring, and upon emerging from the livers of these snails the parasites were soon in the swimming pool where the boys bathed. After I had cured these three children the epidemic was over.

Intravenous injections also play a big part in the treatment of venereal disease which was unknown before the entrance of the white man into Africa, yaws which causes frightful sores over the body, and several other conditions. Anthrax is a disease which occasionally is of a type which can be treated with intravenous injections, and the lives of the infected saved. This terribly fatal disease, however, is usually not of the malignant pustule type, but of the intestinal type. The germs come in the first place from sheep, if my ideas are correct, and if the germs get into a scratch or break in the skin, the pustule develops. However, occasionally the sheep becomes ill, its owner has it quickly killed, and sells the meat. I have known of at least six times that this has occurred on or about the mission, and each time at least 20 persons have died within a few days from these deadly germs. We missionaries never buy mutton from a native unless we have absolute confidence in his veracity when he claims that the sheep had been without blemish.

Before

After

Woman from the heathen Jinga tribe with a 10-lb. fat tumor on her leg. After her husband had thrown her aside because of this tumor she came to our hospital, six days' walk from her home. She was frightened at everything about us but, in her desperation, submitted to operation. A month later she returned home, possibly to regain her former husband or hunt for a new one. She was one of the most grateful patients we ever treated.



Abdominal tumor weighing 47 pounds, the most spectacular operation though far from the most difficult, ever performed at our hospital. The tumor had been several years in reaching its final size, when it was so huge that the woman could not rise from her sleeping mat without aid. Her husband was a sailor who reached Portugal three times a year, and who made it a point to visit several churches and shrines there to pray for his wife. When the woman came to our hospital I did not have the courage to attempt the operation at first, and two weeks later I received a visit of another missionary doctor and nurse, a visit such as happens only every three or four years, and together we removed the tumor.

Above — Showing the patient six months later. Both she and her husband are now members of our church.

An incident which occurred on the last Easter before we returned to America shows the attitude of our natives towards injections. I had been asked to preach the Easter sermon in our mission church. I preached for an hour trying to stress the fact that we cannot have peace in our hearts with God unless we have peace in our villages with our neighbors, and that holding a grudge against a neighbor will prevent this peace. Before ending my sermon I stated that possibly somebody present was holding a grudge against me in his heart, and if so I would be glad to know of it, and to take means of remedying it. One of my best friends, my head mason and a pillar in the church, followed me home, and told me that for four months he and his wife had held hard feelings against me. When I asked him how I had offended him and his wife he told me that when they had brought their youngest son, a lad of three years, to me at the hospital, I had given them some white powder to give him. But, when their neighbor had brought his son of about the same age and with the same kind of fever to me, I had given that boy an injection. And since the neighbor was only an ordinary member of the church whereas he was one of the pillars, he felt that I had not shown the proper respect for him.

I recalled both cases, and explained that when I had examined the blood of his boy I had found the germs of malaria, and that the white powder I had given him for his boy was quinine. He grudgingly admitted that his boy had been quickly cured of his fever by the quinine. I further explained that when I examined the blood of the neighbor's boy I found the germs of relapsing fever, and I had to give him an injection. Also, that if I had given the neighbor's boy the powder that I had given his boy, death would probably have followed, and that if I had given his boy the injection which I had given the other boy, his boy would have continued to have fevers and possibly have died of them. But I fear that my explanation sounded pretty flat to my friend. I regretted that I had not given his boy an injection of water,—the quinine would have cured the boy of his malaria, and the injection would have warmed the father's heart. The father had named that boy after me, and nearly all of the little black-skinned Alexanders had died in infancy, and I was most anxious that this one did not die.

Surgery plays a much less important part in our hospital than in the average American hospital, especially major surgery, in spite of the fact that we attempt almost all kinds of operations. During the first months of our work in Africa I saw a number of patients whom I felt certain I could aid by surgical means, but when I would suggest an operation the invariable reply was, "Tomorrow," which meant "Good-bye," as the patient would quickly gather up what he had brought to the hospital and start for home.

About four months after our arrival, however, I got a chance to operate on three patients, all desperately ill. The first was a chief who while hunting at a "burn," standing at the edge of a large patch of tall dry grass which was being burned, hoping that a buffalo or antelope would try to escape past him, was struck in the calf of his leg by a snake. His witch-doctor was unable to help relieve his pain, so he had some of his men carry him to me. I found an area of necrosed and foul-smelling flesh on his leg about three by five inches in size. I had no snake serum at that time, so I suggested an operation at which I planned to cut away all of the dead tissue, and a little beyond, so as to get rid of all poison from the snake. The chief

agreed. After my wife had given him enough chloroform I started using the knife, my nurse assisting. As the audience of a dozen people saw me cutting away the flesh of their chief, and he not protesting at all, they began to say, "Soba uafu kia" ("our chief has died"). When I had finished the operation and the chloroform was stopped, the chief quickly regained consciousness, his followers interpreting this as a return from the dead. The wound took many weeks to heal. About 20 years later the chief was killed by a lion while hunting buffaloes.

The second operation was on a man from one of our out-stations 30 miles distant. My wife and I were awakened from our usual siesta one afternoon by the groaning of a man on our porch. I quickly discovered that the man had a strangulated, irreducible hernia. He had brought a heavy sack of native produce to sell to us for our school, and in trying to cross a small stream below the hospital had slipped. In trying to regain his balance he had increased his intra-abdominal pressure to such a degree that he had caused a small break in the inner abdominal wall at the right groin. A small link of his intestine had been forced through this break, and was just under the skin. I was unable to push this back into the abdominal cavity, which made it imperative to operate immediately if the man's life was to be saved. This condition is much rarer in Africa than in America, but our people know what it is, and what the results always are,—about 10 days of agony never relieved until the victim dies.

I advised immediate operation. The man considered for a few minutes. He had known several missionaries. All had treated him and his village with love and consideration. Not one had tried to exploit or abuse his people. And now here was a new missionary offering to try to help him out of a condition which he knew would prove fatal in spite of anything his own people or his witch-doctor could try to do. He decided for the operation, especially as I had promised that my medicine would cause him to sleep soundly and with absolutely no pain while I was operating. We prepared for the operation at once. My nurse had left that morning for a two-weeks' vacation, so I had a German farmer assist me while my wife again gave the chloroform. With flies and other insects abounding in the operating room I used antisepsis as well as asepsis, keeping a basin of solution of corrosive sublimate at hand to douse over any spot near the operative field that a fly would light on. The operation was successful, and a month later the man went home. A year later when I visited his village, the man complained to me that he had a slight pain at the site of the operation. He had just carried in the leg of an antelope that I had shot four miles from the village, so I figured that any man who could carry 75 pounds that distance with no visible signs of a recurrence was in pretty fair shape.

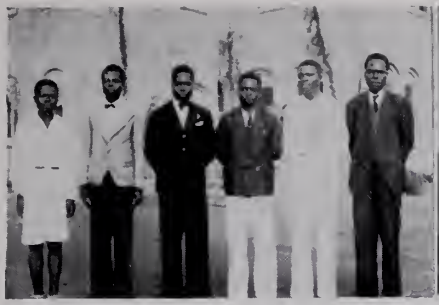
The third patient appeared at the door of the hospital one morning while I was working inside, and his face made me shudder. Was it leprosy or cancer? I told him to be seated on a bench on the porch and await his turn to enter. Then I sent my native helper out to find out about the patient. When he returned he told me that the man was an epileptic, and during an attack two months before had fallen face down into a fire. No by-stander would dare pull him out lest the disease pass on to him. After a minute the attack passed, and the epileptic rolled away from the fire, the skin

)urned off his face. For the following weeks he made no movements that were not absolutely necessary. To put a cup to his lips caused excruciating pain, as there was no skin left on his lips, so he drank through a straw. When the healing process was completed the face was covered by one great scar which shrank as such scars do in forming, drawing the lower lids away from the eyeballs and down onto the cheeks, flattening out the nose, and worst of all, the man allowed the skin of his lips to heal over with his mouth shut except for where the straw entered.

Unable to close his eyelids, the conjunctivae were irritated by dust and sand to such a degree that they were fiery red. The man's face was so repulsive that I shuddered when I first beheld it, but when I came to examine the damage done, I was confident that I could greatly help him if only he would allow me to operate on him. He had been found by one of our missionaries 100 miles distant, sitting dejectedly and hopelessly in front of his hut awaiting death by starvation, and the missionary urged him to come to me. I explained that to help him it would be necessary to do some work with a knife, but that this would be absolutely painless as I would give him some medicine to smell which would put him into a deep sleep. He assented to the operation, and a month later was able to return home with his eyelids capable of closing, and an opening between his lips capable of allowing a duck egg to pass through. It was three years later that I again saw this man, and then I found him sitting down in the Amen Corner at our annual camp meeting, singing praises to the Lord.

The news of these three operations quickly spread far and wide, and helped tremendously in gaining the confidence of the people so that when I would suggest an operation they would rarely refuse permission. In fact, we had more than one patient who begged to be operated on when I knew an operation would be hopeless. One such patient was a woman whom I treated several times for dropsy by removing the accumulated fluid from her abdomen by means of a trochar. A trochar is a small tube with a sharp-pointed needle running through it. After both have been pushed through the abdominal wall the needle is withdrawn, leaving the tube in place through which the fluid can escape. On the last treatment I had removed 23 quarts of fluid, and then with the abdominal walls relaxed I found the liver to be greatly enlarged and covered with nodules. The next morning the woman begged me to operate on her and remove her liver. I tried to explain the hopelessness of such an operation, and the woman went away feeling resentment against me for my refusal to operate.

Though we do a considerable number of operations in our hospital, most of them are of a minor nature such as opening up abscesses, amputating toes and fingers, curetting foul necrossing ulcers, pulling teeth, etc. Though such operations are minor they prevent a lot of suffering and enable the sufferers to get back to their work more quickly. Several years ago I received a letter from our medical director in New York City asking why it was that I was reporting so few major operations. In my reply I mentioned that when we first returned to Africa in 1929 our second daughter was four years old. She heard a lot of shop-talk in our home. Every night for several weeks in her evening prayer she would petition God to make the African people sick so that her daddy could make them well again. I went on to state that if I should introduce appendicitis, cancer, gall stones, mastoiditis, and such civilized



Father and five sons, all in our mission work. Two daughters are workers in our hospital.

A mulatto family converted in 1937, which has done wonderful work in gaining possibly 1,000 other converts.

Above—A converted witch-doctor with his two sons. After his conversion his former colleagues did everything possible to pull him back into his former occupation. When they saw that their efforts were futile, they tried for months to kill him, finally becoming convinced that his God was too powerful for their spirit traps.

Pictorial results of 50 years of missionary work. When a native professes belief in our God he proves it by giving up the fetiches and charms he has secured from his witch-doctor. This picture shows the burning of a pile of these fetiches or emblems of heathenism. As the flames consumed the pile, we sang the Doxology, and rejoiced at this evidence that the Gospel is still the power of God unto salvation to all who believe.

Right — The paramount chief of the Dembos tribe of 40,000 people begging a missionary for evangelists and teachers for his people. This is the first time in the 60 years of our mission that such a chief with his sub-chiefs has come out like this for Christianity. This lays at our doors our greatest challenge, opportunity and responsibility.

Left — Quessua Church where 600 people make up an average congregation, and where double this number attend on special Sundays.

diseases I would have more opportunities for major surgery, but that I felt our people had enough tropical diseases to contend with constantly to satisfy them from the medical standpoint.

Just why our people do not suffer from these diseases I do not know. Negroes in America rarely develop appendicitis. The tribe 200 miles south of ours produces quite a few cases of both appendicitis and cancer. Corn is the main item of sustenance in that tribe whereas our tribe uses the mandioka root as its chief source of nourishment. Is there something in this food which prevents cancer? I wish I knew.

A point of view worth mentioning lies in the question as to who is going to classify operations as major or minor, the surgeon or the patients. Any and every operation is a major affair to the patient regardless of how the surgeon considers it. And every patient presents an opportunity for manifesting the love of God in a very real way. Many of our patients suffer from tumors or other conditions for a long, long time before they decide to seek relief at our hospital. Thus frequently we find it impossible to save a patient's life or relieve his suffering or restore him to usefulness in life.

A chief was once brought to me 16 days after he had incurred a strangulation irreducible hernia, and my initial incision revealed a pint of pus in the hernial sac. The chief died that night. I have often been asked in America if I am in any personal danger from the family or friends of a patient who dies at our hospital. I do not think that I am. Most of our people have heard me explain that I do not feel myself qualified to make a good job with many of the cases brought to me, that a specialist should have the job, and since no specialist is available, I go ahead and do the best I can. The nearest missionary doctor colleague the past few years has been 300 miles away.

If an unusual operation is successful, the news about it spreads and other patients come for the same operation. If the operation fails, it may be years before another patient will submit to the operation. I once persuaded the wife of a powerful chief to allow me to operate on one of her eyes for cataract, both of her eyes having lost their power of vision from this cause. I am convinced that I performed the delicate operation in good manner for I had practiced removing the lens from many eyes of hogs we had slaughtered, but the old woman failed to regain her eyesight. Many years passed before I could persuade another person blind from cataracts to allow me to operate, and again I failed to gain sight for the patient.

More pleasant to relate is my experience in goitre operations. About 100 miles to our east and south is a large goitre belt with a great many people disfigured by huge goitres. The cause probably is an iodine deficiency, and when a community begins to get marine salt (made by evaporating sea water) the iodine in this salt prevents the development of these goitres. It was 12 years after I had gone to Africa that I performed my first goitre operation. The patient was a boy of 18 who wanted to get married, and one look at his goitre, the size of a grapefruit, caused all the girls to look with disfavor on him. The boy was desperate, and this led him to seek relief at our hospital. Our operation was successful, and the news spread far and wide that this type of tumor could be cured by surgical means. Incidentally, when I visited the village of this boy three years later he warmly greeted me, and then disappeared. A few minutes later he returned,

introduced me to his wife, and proudly showed me his little baby, telling me that had I not removed his goitre he would have had neither wife nor baby. Again he disappeared, returning with a fine rooster as a present for me, my pay for the operation.

During the succeeding years we performed about a dozen more such operations with uniformily good results, and then we lost a woman patient who ceased breathing just as I finished removing her goitre. This tumor was so large that its lower surface rested on the breast-bone while its upper surface pushed the woman's head backward. We had great difficulty in keeping the woman breathing from the start of the operation due to the tumor pressing on the trachea. When the news of this fatal outcome spread, our opportunities for helping our patients in this manner became nil. Several years passed before a young woman came seeking help. Because of her goitre her husband had abandoned her and her baby, and taken another wife. She realized how slim were her chances of getting another desirable husband as long as she had her disfiguring goitre. We operated successfully, and again patients began to come for this extremely dangerous operation. Just before we came home on furlough we removed a huge goitre from a young woman who wanted to get married.

Extracting teeth is a service expected of every missionary whether he is a doctor or not. Naturally I have pulled far more teeth than any other of our missionaries, and I always have their failures turned over to me. I fear that my technique with difficult extractions would not meet with approval of dentists in this country. I occasionally have the patient chloroformed, use a chisel and mallet to cut away the socket, and then grasp the tooth or root with a bone-cutting forcep. This routine has often been employed for impacted wisdom teeth, and with almost universal success.

While on village visitation I usually pull teeth without novocaine injections as press of work would make it simply impossible. My record was 100 teeth pulled in one morning in a village, besides a church service lasting over two hours and a lot of other medical work. Many of the teeth were wabbly — piano-key teeth — is a term descriptive of many of them. I was the first doctor ever to get to that large village, and everyone with aching teeth wanted relief whether I used cocaine or not. One man came to me at the hospital from a village 400 miles away to get a tooth extracted. I asked him why he had not had his tooth extracted at the government hospital near where he lived. He replied, "I had heard that you used novocaine," which meant that at our hospital he would be treated according to the Golden Rule.

Another man once came to me from a village over 100 miles distant, with an infection under his fingernail. There is only one helpful treatment for such conditions, and that is to remove the nail. I have removed many nails so infected, but I always use an anaesthetic. This man told me that a friend of his with a familiar infection had been treated by a government doctor who had pulled the nail off without any anaesthethic. His friend had yelled in agony and dropped to the ground in a faint. Our people appreciate being treated like human beings, and we feel that every time we apply the Golden Rule in the form of novocaine or chloroform we are demonstrating anew that the compassion which our Lord felt towards the suffering of his day is something very practical and concrete, a revelation of devine love.

We occasionally treat a patient for a condition known in my medical school days as "endarteritis obliterans", in which an artery becomes closed off or obliterated. This causes the foot or leg below to rot away. The condition may be one of the end results of typhus fever the germs of which are transmitted by body vermin such as lice. The only known treatment is amputation, a job which a surgeon dislikes above all others to do. A woman was once brought to me with her right leg dead from above the knee, and accompanied by a terrible stench from the decaying flesh. We removed the leg, and the woman was making a good recovery from that operation when her left foot showed signs of becoming necrotic. We again operated, amputating just below the knee, but the woman failed to survive. The woman was from the Jinga tribe whose wealth consists of cattle, and we later heard that her funeral feast continued for 20 days, four large bulls being slaughtered each day. Thus was her spirit given a splendid send-off from this world.

One of our most terrible conditions requiring surgery is elephantiasis, a leg swelling up until it is the size of an elephant's leg. Sometimes both legs are affected. Sometimes a great tumor grows out from the body. I have tried several operations recommended in the text books, to relieve the swelling legs, but with little benefit. The legs of some victims become so huge that it becomes impossible for them to walk. Operations on victims who developed tumors growing out from the body, on the other hand, were highly successful, about as gratifying work from the surgeon's standpoint as well as from the patient's as any surgery could be. One missionary surgeon reported having removed such a tumor which weighed 175 pounds, the patient himself weighing only 150 pounds at the end of the operation.

The largest tumor of this type that we ever removed at our hospital weighed 30 pounds, its removal meaning everything to the life of the patient. This dread condition is caused by a very small worm-like parasite called a "filaria" and is transmitted by a mosquito of a certain type when it bites. These filaria clog up the lymphatic vessels and prevent the lymph from getting from the tissues of the body back again into the blood stream.

Another type of tumor to which the African is unusually subject is the keloid or scar tumor. The women in some villages utilize this tendency to beautify themselves. They go to their beauty specialists to have slight slashes made in the skin of the backs, or in front of them, with the hope that keloids will develop. Some of these keloids are formed in rather artistic designs resembling sun-flowers, leaves, etc. Every girl baby has its ear-lobes punctured shortly after birth. And herein disaster is invited, for keloids occasionally form where this puncture is made, and grow to most undesirable dimensions. One girl of our mission, from one of our best families, was brought to me when she was about five years of age. She had a keloid hanging from one of her ear lobes the size of a golf ball. I protested against removing it, predicting that if left alone it ultimately would be less disfiguring than if removed. But the family insisted, so I carefully removed it. About five years later the girl was again brought to me with a newly developed tumor the size of a duck egg. Again I protested in vain, and again I removed it. And before coming home on furlough the whole scene was re-enacted, the tumor this time being the size of a grapefruit. After the operation I called aside the brother of the girl and advised him to get

The Quessua Institute in 1935 when we had 400 pupils. Last year we had 650. In early days we had to provide food, clothing, books, and teaching to get pupils but now parents will sacrifice to the extreme to pay for the education of their children, even of their daughters. When it comes to marrying off an educated daughter, her dowry may be $40, whereas an uneducated daughter would bring only one-fourth this amount.

Missionary force in 1935—thirteen women and girls and one man. Today there are only four women and one man to carry work formerly done by many more. Our great need is for more missionaries, especially men.

From a spring at the foot of Quessua Mountain, a mile from our home, there gushes 200 gallons of water a minute, with the 7-foot drop shown here. I hope to put in an overshoot wheel with a pump which the manufacturers guarantee will provide the whole mission with 2,000 gallons of water a day. I also plan a hydro-electric plant for charging batteries which will give us light and current for our radios.

Two spirit-huts built at the edge of a village in honor of two people recently deceased. Food and drink and firewood are constantly set out for the use of the spirits. A chief, with his customary cap, stands respectfully beside a missionary.

his sister married off in a hurry, or he might have a hard time getting any desirable husband for her.

Our African people seem to develop more lipomas than whites here in America. These tumors consist of pure fat, and may develop on any part of the body, and to almost any size. Though painless they are sadly disfiguring, and may be a great impediment to one's ability to work. I have operated on scores of patients with these tumors, and always got perfect results. I once made a mistake in diagnosing a tumor which I thought was a lipoma. It was on the back of a woman's head. After getting through the skin I found the tumor covered with a dense membrane which should have aroused my suspicions but did not. When I cut through this membrane and inserted my finger, the finger went in through a hole in the skull into the inside. I changed my diagnosis to that of a syphilitic gumma which had eaten away the bone, and quickly sewed up the incision, though there had been a frightful loss of blood. The woman had another tumor on her forehead, probably of a similiar nature. I was most happy when she left the hospital for her home a week later.

Still another type of tumor which we freqeunetly find among our women patients is the fibroid, usually abdominal. Since witch-doctors cannot do any abdominal surgery the only hope of the patients is at our hospital. Among the score or more of such tumors which we have removed was one weighing 25 pounds, though this patient did not survive the operation, and one weighing 47 pounds which the patient did survive. Hers is an interesting story.

While visiting one of our other stations the missionary there asked me to see the woman, telling me that she had a tumor so large that when she lay down on her sleeping mat she could not again rise up without help, nor could she even roll over from one side to the other until someone had first lifted the tumor to that side. She had been to a hospital, and pronounced incurable. I felt the same way about the prognosis, but offered to operate if she could get to our hospital 300 miles away. A year later she showed up, and my bluff was called. I didn't have the courage to attempt the operation just then, so I put her on tonics to try to increase her hemoglobin content. About two weeks later I received a visit from another missionary doctor from 350 miles south of us, and he was accompanied by a trained nurse. Only about once in four years do I get a visit from another missionary doctor. We operated the next day, and the woman made a good recovery. Later we heard that the woman and her husband were Catholics, that he was a sailor and about three times a year got to Lisbon where he made it a routine to visit several churches, make his offerings to the charities requested, employ the holy water, and pray to the saints for his wife. After the wife returned to her home both she and her husband joined our church.

Strange to relate I have had to treat very few patients with broken bones, and almost all of these have been mission personnel. One man had his upper arm broken while removing the yoke from an ox, and another his femur broken when he fell off an ox-cart. Several school boys suffered fractures while playing or tussling. Likewise animal inflicted wounds are rare. I had two patients who had been mauled by leopards, and one by a lion. The latter patient died. One patient was brought to me with the lower part of his face torn away by a crocodile. Several patients with gun-shot wounds have been brought to me, but all such are relatively rare. On the

contrary, patients with infections inside the bones are fairly common, a... have had two patients with empyema, pus infection inside the lung cavity. Final results of operations on these patients are usually very gratifying.

During our last month's work I performed 46 operations. All of these but one was a "minor" from the surgical standpoint, but some of them relieved great suffering, several probably saved lives, several made it possible for the patients to resume work much earlier than otherwise would have been possible. All were opportunities of manifesting the love of God as Christ did when he restored sight to the man born blind, thereby gaining a disciple.

Maternity work also constitutes a minor part of our work, but when I get a maternity call it is usually a matter of life or death for both mother and baby. I once tried to work up a maternity clinic for normal cases by having former school girls return to the mission to have their babies, but I failed. The reason probably lay in the fact that I tried to handle these cases with only such equipment as could be found in every native village, stressing that cleanliness and patience were the all-important elements for a successful outcome. Had I used more chloroform or some hypodermic injections I might have been more successful. My nurse, Miss Nelson, has done some very successful work in caring for orphan babies. She farms these babies out to women who never had babies, or to women whose babies have grown up, provides milk from cows or goats or tin cans, fruit juices, clothing, etc., and has thus saved a number of babies who would otherwise probably have died.

Among Miss Nelson's orphans is a girl now about 14 years of age. This girl was born in a village to which we had recently sent one our best evangelists. When the girl cut her first teeth they were her upper ones, which meant that she was a witch. Her mother did not dare keep her, and the village would not have approved if she had. So she left the baby out in the woods one afternoon. The evangelist heard of this, and went out and brought the baby in for his own wife to care for. The village was aghast. They predicted dire consequences to his own four children. Eventually this evangelist had ten children of his own, and raised every one of them, to the wonder of the villagers. The little "witch", when she was about three years old, he turned over to Miss Nelson. The girl's name now signifies "Marvel", in native language.

As a result of our 20 years of medical work several things stand out. The general health and ability of missionaries to carry on their various tasks have markedly improved. The same can be said of our native evangelists and their families. I feel that this is a great contribution, for these evangelists go into villages with a message that all witch-craft is based on false assumptions, that disease and death are not from the work of the spirits of either the dead or the living, and that charms and fetiches obtained from witch-doctors are valueless from the health standpoint. If our evangelists can show better health and greater success in raising their own children, the truth of their message is more evident to all. When a person in a village becomes sick, when disease breaks out among cattle, or when any disaster overtakes an area, and the witch-doctor diagnoses the cause as from evil spirits, he is having increasing difficulty with our evangelists and converts, for many have seen germs in our hospital with their own eyes, have been convinced by our explanations that these germs are the cause of disease, and that benefit can be derived not from charms or fetiches from the witch-doctor but by treatments obtainable by all in our hospital.

In 1925, shortly after we had been appointed to our Central Training School at Quessua, there were a number of sudden deaths in the villages of the mission. Our people were getting apprehensive. Were there some witches working? Many natives suspected this, and would gladly have taken the matter to a witch doctor. I suspected that poison was being used, a thing far from unknown in Africa. In examining the body of the sixth victim, a girl who had died after a sickness of only three hours, I found a gland under her jaw enlarged. I removed the gland and took it back to the hospital. I quickly discovered millions of germs of a type I had never before seen. Study in a text-book, however, gave the diagnosis — bubonic plague. I immediately reported it to the government medical authorities, and serum and vaccine were obtained, and energetic measures employed to combat the threatened epidemic. Only 16 victims died in this epidemic, so far as I could learn, whereas there might have been a thousand times that number. For months afterward I kept a slide with these germs beside my microscope, showed it to as many patients and students as possible with the explanation about how the germs lived primarily in rats, that when the rats died their fleas would carry the germs to other rats or to human beings, thus spreading the disease. I did not hear of any witch-doctor being consulted.

The chief aim and driving incentive of doctors going into foreign countries under the Rockerfeller Institute or a similiar organization is to gain scientific knowledge about diseases and to determine ways of controlling and combating these diseases. The chief aim of a medical missionary is to gain and develop disciples for Christ through his medical work. The more he can appropriate and utilize the discoveries of others, the better for his work and influence. Some medical missionaries have made valuable contributions to medical knowledge through their own investigations and observations. But their chief purpose is to do all from a religious motive, and for religious ends. Naturally, since one's religion touches all interests of life, Christian medical missionaries aim at influencing all interests of life.

A question often asked us here in America is how much the African realizes and appreciates what we are doing for him. Not as much as we would like to report. Many take our medical work more or less for granted. Any gratitude expressed to us personally we try to turn into gratitude to our God who sent us to Africa. When we tend to get discouraged by apparent lack of appreciation we try to recall that once when our Lord had cured 10 lepers, nine rushed away to town to celebrate, the tenth returned to express gratitude to his great benefactor.

Before leaving Africa for our furlough I was somewhat discouraged. Several of our best native evangelists and teachers had left the work for government or commercial jobs. True, they were gaining double and treble the salaries we were paying them, but with the great need of their own people for the Christian message that they alone could give, we had hoped they would remain in our work. Several of our older students whom we had taught for many years, hoping that they would enter Christian work, destroyed all such possibilities by breaking the seventh commandment. We were pretty worn out after more than seven years strenuous work just nine degrees south of the equator, for a large part of this time I being the only man on the mission, this meaning that I had to oversee the school dormitories, the shops, gardens, repair work, be District Superintendent over a big area which began

Quessua Hospital, constructed in 1926. Each patient brings his own attendant, food, blankets, cooking pots, etc., and is assigned to one of the huts in the rear. All except the most desperately ill come to the main building for treatment daily.

Our new building, constructed in 1941, is of brick and lime plaster, immune to the white ants. The old building behind this one, now serves for surgical patients.

Vaccinating every April has practically eliminated smallpox from our area. The local government hospital 8 miles away provides the vaccine.

All African mothers carry their babies on their backs. My wife tried it with our first baby — the baby liked it but the mother didn't. When an African woman complains to me that her back is cold, she means that her baby has died, or that she has never had a baby, and both of these situations are exceedingly lamentable.

..les from our station, hold Conference positions, treat with government ·cials in countless matters, etc.

During the last month that we were on the field, however, we received much evidence and many testimonials that our work was very much appreciated, that our medical endeavors were making a valuable contribution to the total aim of the mission. Letters came from a score of churches expressing gratitude for our medical work, and nearly every letter contained an offering in money for us to use for buying "treats" on our homeward journey. Some letters came from former patients and from families of patients. Several of our pastors came to the railroad stations along the route to bid us farewell. From two of the letters I want to quote.

The first of these was from one of our ordained ministers. It ran as follows: "I have heard that you are going to America on furlough. I hope and pray that you have a safe ocean trip. (The war was still on, and no ocean travel was absolutely safe) As you leave us for a while I want you to know that I greatly appreciate the manner in which you treated my wife in her last illness." She had died in our hospital about five years before. A second girl wrote me, or rather had her father write me as she dictated the letter. I had had to remove both eye balls some ten years before, an infection having developed inside each eyeball. In her letter were the words "I always thank God that He called you out here, and that you were able to take out my eyes so that I have not had to suffer all these years as I did for the year before you did the operation."

About a year before we came home I had a patient that I at once felt was of greater than average importance. It was a boy of four years brought by his father from a village 60 miles distant. I had received official permission to send an evangelist into that village, in part because I had pulled an aching tooth for the daughter of the official. In selecting an evangelist for this village I called in to my study one of our Institute teachers, a young married man with an evangelistic passion, told him of the opportunity of this village where I had at times encountered as many as 50 native chiefs called to treat government matters. They had their evenings to themselves, and would offer a wonderful evangelistic opportunity. I asked this teacher to talk the matter over with his wife and with God, and see if he did not feel that he was God's selection for that work. Ten days later he returned to my study to report that he and his wife had been in constant prayer since I spoke to him, and both felt that it was God's plan that they go.

Their efforts have been outstandingly blessed by God. The now have their central station with two helpers, and a dozen out-stations which they oversee. We now have 400 members of our church there, including one or two chiefs, and several times this number of adherents. The first native convert was the man who brought his sick son to our hospital. One thought came to my mind — if the boy died would the father return to his village questioning his having become a Christian, and wondering if he might not have saved his son if he had stuck to his witch-doctor and charms. I did everything possible to save the boy's life, but at the end of two weeks his spirit slipped away, and the father left for home.

A month later his pastor returned to the mission to visit his own parents there. He was asked to preach in our church one Sunday, which he did. Before beginning his sermon he delivered the greetings from his own people,

as is customary in Africa, and then told of the man whose son had died at our hospital. He related how that man had given his testimony when he got back home. What kind of a testimony could a man give in such a case? It went like this: "I am very sad at the loss of my son. On my way back home I have done some deep thinking. Had my son fallen ill in a heathen village, how much care would have been given him, and how much consideration have been shown me?" He shook his head negatively, for sick strangers are not welcome in our villages. If such a stranger should die, his spirit would remain nearby and might wreak a terrible vengeance on the village. "But at the mission the doctor and the nurse and their helpers did everything they could to save my boy's life. And if my boy had died in a heathen village I would have had to secure a shovel and a hoe and dig the grave myself." Our people are extremely averse to digging a grave for anyone but a relative or a friend. He continued, "But the people on the mission arranged for the burial of my boy. They even had a casket made, and covered with muslin. And at the grave the pastor read from the Bible, made some remarks, and prayed. I felt that my boy's spirit had gone to Jesus. And I felt that all of the talk of our missionaries and our pastor that God is a God of Love is true, and that that love is something concrete. I am not going back to the witch-doctor, but am going to try to live a better Christian than before."

One question has been asked us numerous times the past year: "Are you going back to Africa?" To that we reply that God called us to that work, the work is not finished, we feel that we can still make a valuable contribution to it, and God has not yet recalled us. In fact, there seems to be greater opportunity today than ever before in our area. This holds for several sections of our area. Perhaps the most outstanding section is in the Dembos tribe about 150 miles inland and to the north of Luanda, our port and capital city. This tribe was subdued only about 25 years ago, and since then the men have been compelled to pay a head-tax. To get the money for this tax many of the young men went to Luanda seeking work. Sunday afternoons they had free, and some began to attend our church services held at that time. Conversions followed, and like so many of their race, they got real joy in their new religion, and worked to spread that joy. When they returned to their villages they began to hold services on Sunday similar to those they had attended at our mission. And they got others to believe as they did. Finally some of their chiefs got converted, and a delegation of these chiefs made the long trip on foot to Luanda to beg for evangelists for the tribe. As a usual thing the chiefs are either lukewarm towards our work or actively oppose it. In fact, this is the first time during the 60 years of our work that a group of chiefs have come out openly asking for Christianity.

A dozen or so evangelists were sent to the Dembos tribe. Some of these have remained and done valiant and effective service. Others after a year or two have complained to the missionary, "Can't you transfer us to another appointment? The Dembos are terribly primitive and heathen. Our wives have no civilized women to talk to, and our children are getting contaminated with the heathenism. Please give us another appointment." The logical solution to the Dembos challenge would be to open a mission station there, get the youth of the 40,000 members of the tribe into school,

.d train them to be the Christian leaders of their own tribe. I would ejoice to be the missionary chosen to open this station, but I have been told that I must remain at Quessua and care for the work already established there, at least until another doctor is found and sent out to take my place. Some day we hope to be able to say with Paul, "We were not disobedient to the heavenly vision." And we pray that others may be found and inspired to consecrate their lives to this work to which God called us.